

FROM : AERONEX INC

FAX NO. : 858 452 2823

Feb. 03 2004 01:15PM P2

PTO-3851 (03-00)  
Approved for use through 01/31/2004. OMB 0531-0033  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p><b>REISSUE APPLICATION DECLARATION BY THE INVENTOR</b></p> <p>As a below named inventor, I hereby declare that:          My residence, post office address and citizenship are stated below next to my name.          I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number <u>6,408,849</u>, granted <u>8/25/2002</u>, and for which a reissue patent is sought on the invention entitled <u>RECOVERY AND PURIFICATION OF GASES USED IN MEDICAL PROCESSES</u>,          the specification of which  <input type="checkbox"/> is attached hereto.  <input checked="" type="checkbox"/> was filed on <u>10/29/2003</u> as reissue application number <u>10 / 898,510</u>          and was amended on <u>10/29/2003</u>.          (if applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.          I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.          I verify believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.  <input checked="" type="checkbox"/> by reason of the patentee claiming less than he had the right to claim in the patent.  <input type="checkbox"/> by reason of other errors.</p> <p>At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:</p> <p>As originally filed and as issued, the subject patent contained only method claims. These claims have been retained and additional method claims and apparatus (device and machine) claims have been added by way of the Preliminary Amendment.</p>	<p>Docket Number (Optional) 006357-00002</p>
---	--

(Page 1 of 2)

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FILLED OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

FROM : AERONEX INC

FAX NO. : 858 452 2823

Feb. 03 2004 01:16PM P3

PTOS 8/01 (05-03)  
Approved for use through 01/31/2004. OMB 0031-0033  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Docket Number (Optional)  
006357/00002

**(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)**

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s) \_\_\_\_\_ Registration Number \_\_\_\_\_

Correspondence Address: Direct all communications about the application to:

☒ Customer Number 30750 Place Customer Number  
Bar Code Label here

OR  
Type Customer Number here \_\_\_\_\_

☐ Firm or Individual Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

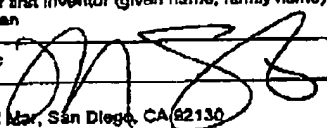
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

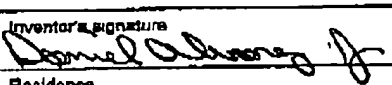
Full name of sole or first inventor (given name, family name)  
Jeffrey J. Spiegelman

Inventor's signature  Date 2/3/04

Residence 5289 Meadows Del Mar, San Diego, CA 92130

Mailing Address 5289 Meadows Del Mar, San Diego, CA 92130 Citizenship USA

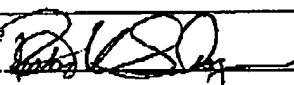
Full name of second joint inventor (given name, family name)  
Daniel Alvarez

Inventor's signature  Date 1/29/04

Residence 10908 Black Mountain Road #1, San Diego, CA 92126 Citizenship USA

Mailing Address 10908 Black Mountain Road #1, San Diego, CA 92126

Full name of third joint inventor (given name, family name)  
Peter K. Shogren

Inventor's signature  Date 1/29/04

Residence 254B Rancho Drive, Chula Vista, CA 91911 Citizenship USA

Mailing Address 254B Rancho Drive, Chula Vista, CA 91911

☒ Additional joint inventors are named on separately numbered sheets attached hereto.

(Page 2 of 2)

FROM : AERONEX INC

FAX NO. : 858 452 2823

Feb. 03 2004 01:16PM P4

PTO/SB/02A (03-03)  
Approved for use through 04/30/2003. OMB 0661-0002  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
Page 1 of 1	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Joshua T.		Cook	
Inventor's Signature		Date 2/3/04	
Residence: City	Endites	State CA	Country USA
Mailing Address 981 North Vulcan Avenue #10,			
Mailing Address Emittas, CA 92024			
City	Endites	State CA	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

This collection of information is required by 36 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Feb. 03 2004 01:17PM P5

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

[illegible]

This collection of information is required by 36 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTC. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTC-0109 (1-800-785-0109) and select option 2.

PTO/SB/52 (03-02)

Approved for use through 01/13/2004. OMB 0851-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (optional) 006357-00002
<p>I hereby declare that:</p> <p>The residence, mailing address and citizenship of the inventors are stated below.</p> <p>I am authorized to act on behalf of the following assignee: <u>MYKROLIS CORPORATION</u></p> <p>and the title of my position with said assignee is: <u>Vice President and General Counsel</u></p> <p>The entire title to the patent identified below is vested in said assignee.</p>		
Inventor	Jeffrey J. Spiegelman	Citizenship USA
Residence/Mailing Address 5289 Meadows Del Mar, San Diego, CA 92130		
Inventor	Daniel Alvarez	Citizenship USA
Residence/Mailing Address 10908 Black Mountain Road #1, San Diego, CA 92126		
Inventor	Peter K. Shogren	Citizenship USA
Residence/Mailing Address 2548 Rancho Drive, Chula Vista, CA 91911		
Inventor	Joshua T. Cook	Citizenship USA
Residence/Mailing Address 981 North Vulcan Avenue #10, Encinitas, CA 92024		
<input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.		
Patent Number 6,408,849		Date of Patent Issued 6/25/2002
Title of Invention <b>RECOVERY AND PURIFICATION OF GASES USED IN MEDICAL PROCESSES</b>		
<p>I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:</p> <p><b><u>RECOVERY AND PURIFICATION OF GASES USED IN MEDICAL PROCESSES.</u></b></p> <p>the specification of which</p> <p><input type="checkbox"/> is attached hereto.</p> <p><input checked="" type="checkbox"/> was filed on <u>10/29/2003</u> as reissue application number <u>10 / 895,510</u></p> <p>and was amended on <u>10/29/2003</u></p> <p>(If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p>		

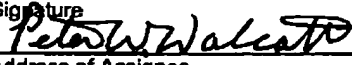

[Page 1 of 2]

PTO/SB/52 (03-02)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (Optional) 008357-00002									
<p>At least one error upon which reissue is based is described as follows:</p> <p>As originally filed and as issued, the subject patent contained only method claims. These claims have been retained and additional method claims and apparatus (device and machine) claims have been added by way of the Preliminary Amendment.</p> <p style="text-align: center;">[Attach additional sheets, if needed.]</p> <p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p>											
<p>I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Name(s)</td> <td style="width: 50%;">Registration Number</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				Name(s)	Registration Number						
Name(s)	Registration Number										
<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input checked="" type="checkbox"/> Customer Number         </div> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;">30750</div> <div style="margin: 0 10px;">→</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">           Place Customer Number Bar Code Label Here         </div> </div> <p style="text-align: center; margin-top: 5px;"><b>OR</b></p> <p style="text-align: center; margin-top: 5px;">Type Customer Number Here</p>											
<input type="checkbox"/> Firm or Individual Name											
Address											
Address											
City	State	Zip									
Country											
Telephone	Fax										
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>											
<p>Full name of person signing (given name, family name)</p> <p>Peter W. Walcott</p>											
Signature	Date										
											
<p>Address of Assignee</p> <p>Mykrolis Corporation, 129 Concord Road, Billerica, MA 01821</p>											

[Page 2 of 2]

PTO/SB/53 (05-03)

Approved for use through 01/31/2004. OMB 0651-0033  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT</b>		Docket Number (Optional) 006357/00002
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) SPIEGELMAN ET AL. (ASSIGNEE: MYKROLIS CORPORATION)		
Patent Number 6,408,849	Date Patent Issued 6/25/2002	
Title of Invention RECOVERY AND PURIFICATION OF GASES USED IN MEDICAL PROCESSES		
<p>1. <input checked="" type="checkbox"/> Filed herein is a certificate under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent has been made.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
The assignee owning an undivided interest in said original patent is/are <u>Mykrolis Corporation</u> and the assignee(s) consents to the accompanying application for reissue.		
Name of assignee/inventor (if not assigned)		
Signature <i>Peter W. Walcott</i>	Date 2/11/04	
Typed or printed name and title of person signing for assignee (if assigned)  Peter W. Walcott, Vice President and General Counsel		

This collection of information is required by 37 CFR 1.172. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/98 (04-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: MYKROLIS CORPORATIONApplication No./Patent No.: 6,408,849Filed/Issue Date: 6/25/2002Entitled: RECOVERY AND PURIFICATION OF GASES USED IN MEDICAL PROCESSESMYKROLIS CORPORATIONa CORPORATION

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title, and interest

The extent (by percentage) of its ownership interest is \_\_\_\_\_ %

In the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

OR

- B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: InventorsTo: Aeronex, Inc.The document was recorded in the United States Patent and Trademark Office at Reel 010047, Frame 0066, or for which a copy thereof is attached.2. From: Aeronex, Inc.To: Mykrolis CorporationThe document was recorded in the United States Patent and Trademark Office at Reel 014313, Frame 0305, or for which a copy thereof is attached.

3. From: \_\_\_\_\_

To: \_\_\_\_\_

The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

2/11/04

Date

978-436-6680

Telephone Number

Peter W. Walcott

Signature

Peter W. Walcott

Typed or printed name

Vice President and General Counsel

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.